

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Recd
RECEIVED *pt*

FEB 28 2003

TECH CENTER 1600/2900

In re patent application of Alexandros Makriyannis et al

Serial No.: 09/328,742

Examiner: Pryor, A.N.

Filing Date: June 9, 1999

Group Art Unit: 1616

For: Inhibitors of the Anandamide Transporter as Analgesic Agents

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

Sir:

REQUEST FOR CORRECTED FILING RECEIPT

Enclosed is a copy of the filing receipt received in connection with the above-referenced patent application, which has been marked in red to show that the filing date is incorrect. We are also enclosing a copy of our application cover sheet with Express Mail Certificate and a copy of our return receipt postcard with your date sticker both showing a filing date of June 9, 1999.

Please forward a corrected filing receipt as soon as possible.

Respectfully submitted,

ALEXANDROS MAKRIYANNIS et al

By 

Guy D. Yale
Registration No. 29,125
Alix, Yale & Ristas, LLP
Attorney for Applicant

Date: February 11, 2003
750 Main Street
Hartford, CT 06103-2721
(860) 527-9211
Our Ref: UCON/141/US
GDY:kcs



FEB 28 2003 Page 1 of 2

TECH CENTER 1600/2900

UNITED STATES
PATENT AND
TRADEMARK OFFICECommissioner for Patents
Washington, DC 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/328,742	06/06/1999	1616	962	UCON/141/US	5	20	3

2543
ALIX YALE & RISTAS LLP
750 MAIN STREET
SUITE 1400
HARTFORD, CT 06103

06/09/1999

CONFIRMATION NO. 7228

CORRECTED FILING RECEIPT



OC000000009468045

Date Mailed: 02/04/2003

Receipt is acknowledged of a CPA in this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

ALEXANDROS MAKRIYANNIS, STORRS, CT;
SONYUAN LIN, NANTIC, MA;
DANIELE PIOMELLI, SAN DIEGO, CA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 09/15/1999

CPA filed on: 01/24/2003

Projected Publication Date: 05/15/2003

Non-Publication Request: No

Early Publication Request: No

Title

INHIBITORS OF THE ANANDAMIDE TRANSPORTER AS ANALGESIC AGENTS

Preliminary Class

514

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

GRANTED

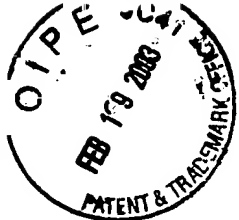
The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

NOT GRANTED

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).



RECEIVED
FEB 28 2003
TECH CENTER 1600/2900

Box: PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Attorney's Ref: UCON/141/US
Date: June 9, 1999

Sir:

Transmitted herewith for filing is the (X) utility () design patent application of
Inventor(s): Alexandros Makriyannis, Sonyuan Lin and Daniele Piomelli
For: Inhibitors of the Anandamide Transporter as Analgesic Agents

Enclosed are:

- (X) 5 sheets of () formal (X) informal drawings.
- () An assignment of the invention to _____.
- () A certified copy of a _____ application.
- (X) An unsigned Inventors' Declaration and power of attorney.
- () A verified statement claiming small entity status.
- () A preliminary amendment.

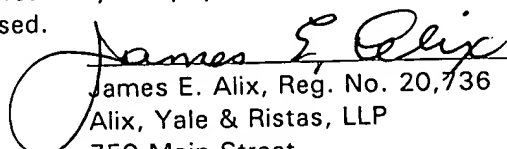
The filing fee has been calculated as shown below:

() design application for () small entity = \$155 () not small entity = \$310

(X) utility application

	No. Filed	No. extra	Small Entity Rate	Fee	Not Small Entity Rate	Fee
Basic Fee				\$380	OR	\$760
Total Claims	20	- 20 = 0	x 9 =		OR x 18 =	
Indep. Claims	3	- 3 = 0	x 49 =		OR x 78 =	
Multiple Dependent Claims Presented			+ 130 =		OR + 260 =	
			TOTAL =		TOTAL =	\$760

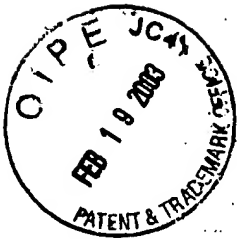
- (XX) A check in the amount of \$ 760.00 to cover the filing fee is enclosed.
- () Please charge my Deposit Account No. 16-2563 in the amount of \$_____ to cover the filing fee.
A duplicate of this sheet is enclosed.
- (XX) The Commissioner is hereby authorized to charge any additionally required filing fees under 37 CFR 1.16 associated with this communication or credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.
- () The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. A duplicate copy of this sheet is enclosed.


James E. Alix, Reg. No. 20,736
Alix, Yale & Ristas, LLP
750 Main Street
Hartford, CT 06103-2721
Telephone: (860) 527-9211

EXPRESS MAIL mailing label number EL 093 168 686 US

I, Kathleen C. Stuart, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on June 9, 1999, and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.





RECEIVED
FEB 28 2003
TECH CENTER 1600/2850


Alix, Yale & Ristas
750 Main Street
Hartford, CT 06103-2721

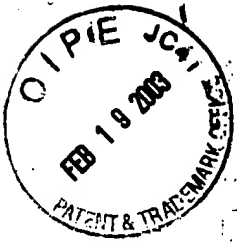


JUN 21 1999

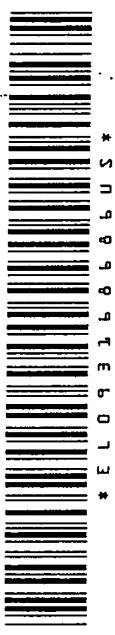
Alix, Yale & Ristas
750 Main Street
Hartford, CT 06103-2721

JE A

Pat. Appl. No: _____ Docket: 1600/141/US Date: 6-9-99
Title/Mark: Inhibitors of the Anandamide Transporter as Analgesic Agents
Applicant: Alexander Proskyanov & Sonnyuan Lin + Daniel Picoulli
TO: The Honorable Commissioner of Patents and Trademarks Box: Patent Application
ASSISTANT
Please acknowledge receipt of the items checked below by stamping hereon the filing date (and application number, if applicable).
☒ New patent application: ☒ Utility ☐ Design ☐ Missing parts of application:
☒ Declaration and Power of Attorney ☒ Unsigned ☐ Missing Parts Fee: \$ _____
☒ 31 pages of specification include 2 independent and 17 dependent claims
☒ 5 Drawing sheets; Figs. 1 - 5 Formal ☒ Informal
☐ Small Entity Status Statement ☒ Filing Fee: \$ 765.00
☐ Copy of international application ☐ Assignment w/\$ _____ Fee
☐ Translation-international prelim. exam annexes ☐ Preliminary Amendment
☐ Copy of amdmts. to claims under PCT Article 19 ☐ Amendment w/\$ _____ Fee
☐ Translation of international application ☐ Ext. of Time Req. w/\$ _____ Fee
☐ Claim of Priority and Certified Copy ☐ Issue Fee: \$ _____
☐ Information Disclosure Statement ☐ PTO-1449 ☐ Int'l. Search Report ☐ Refs.
☐ Application to Register Mark 525/141/US PTO Fee: _____ ☐ Statement of Use
☐ Amendment to Application to 525/141/US Specimens ☐ Affidavit under \$ _____
☐ _____
☐ _____
☐ _____

06/09/99



RECEIVED
FEB 28 2003
TECH CENTER 1600/2900



* E L 0 9 3 1 6 8 8 6 U S *

POST OFFICE TO ADDRESSEE



EL09316886US

UNITED STATES POSTAL SERVICE™

Custom r Copy
Label 11-F July 1997

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second
Date in Mo. Day Year 6 9 2003	Postage \$ 15.75
Time in Mo. Day Year 2 20 2003	Return Receipt Fee
Weight lbs. ozs. 1.7 00	Int'l Alpha Country Code
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials g
COD Fee Insurance Fee	
Total Postage & Fees \$ 15.75	

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X051353	
Federal Agency Acct. No. or Postage Service Acct. No.	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
Waiver of Signature (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	

FROM: (PLEASE PRINT) JAMES F. ALIX, ESQ. ALIX, YALE & RISTAS, LLP 750 MAIN ST HARTFORD CT 06103-2703 1/27/03/141/US	TO: (PLEASE PRINT) Box: Patent Application Assistant Commissioner of Patents Washington, DC 20531
---	--

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov

PRESS HARD.
You are making 3 copies.